

Promoting Best Practice During and Post Migration to the new OPH&R Service at Burwood Hospital.

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- To provide an overview of our journey from the Princess Margaret Hospital to the new Burwood Hospital
- While promoting and encouraging best practice, critical thinking and embedding of new initiatives.
- Also providing support for all staff through the period of transition.



# WHY IS THE CNS ROLE IMPORTANT?

- Person-centred care
- Aging population
- Encourage evidence based practice
- Inter-disciplinary team approach
- Family involvement
- Providing support for all staff within clinical areas
- Challenges practice and practice decisions to ensure best practice, critical thinking and sound decision making.





# HOW ARE WE WORKING?

- 2 Clinical Nurse Specialists for the service (1.3FTE).
- Shared position.
- Cover all Older Persons Health Inpatient wards.
  - 5 wards excluding OPMH wards.





# WHAT DO WE DO?

- Promote critical thinking, best practice, competency, advocacy, advanced clinical practice, team work, person centred care.
- Provide education across all shifts area specific, RCA related etc.
- Up skilling of staff.
- Provide/guide complex care.
- Support staff in emergency situations.
- Promote PDRP to support advanced practice.
- Promote our role as CNS's to CNMs.



# **BEFORE THE MIGRATION**

- Introducing/supporting introduction of new initiatives = Releasing Time to Care (RT2C), Frail Older Persons Pathway, falls prevention, palliative care resource.
- Networking with other CNS's and CNE's at Burwood & Christchurch Hospital.
   Drawing on their specific expertise.
- Promoted diagnostic reasoning (accessing lab results and interpreting through computer system).
- Part of leadership discussions and role development across site for all senior workforce members.
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# **DURING THE MIGRATION**

- Implementation of medication vests and MedChart.
- Continue to support CNMs and staff with RT2C modules e.g. Well Organised Ward (WOW).
- Dementia and Delirium (PINCHES ME Kindly and Sunflower) – improving care across service.
- Hospital Aide working group, Career Force.

- Promoting OPH&R CNS role across Canterbury Region.
- Provide support for staff as they transition and the loss of TPMH.
- Workshops future direction of the senior nursing group.
- Transition and Orientation run orientation days in the new environment.



## **OLD CLINICAL AREAS**

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# **NEW CLINICAL AREAS**













# ORIENTATION

- Access to healthLearn to complete initial component posed a problem.
- Encouraging staff across all disciplines to think about their roles in the purpose built facility.





- Walkthrough
- Fire & Emergency Procedures
- Call Systems & Clinical Emergency Procedures
- Equipment Sanitisers, Beds, Safe handling equipment
- Ways of working scenarios
  - Acceptance
  - Aggression
  - Apathy
- Stores





# **Releasing Time to Care (RT2C)**

### **Releasing Time to Care**

Patient Hy	giene	N	ursing Procedure	5	Wa										
Patients Observations	Admissions Planned Disch		Shift Handovers		Meals	Medicines									
	Nursing Service Delivery														
Know How We	are doing	We	ell Organised Wa	rd	Patient St	Foun Mo									
		Maki	ing Time for Ca	ring											

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# FRAIL OLDER PERSONS PATHWAY

- Patient focussed Assertive Board Rounds
  - Introduction of the electronic communication board (FloView).
- Focus on Estimated Date of discharge
- Patient informed Goal Setting

✓ Inbound ✓ Current ✓ Departed														Refreshing in 19 PMS: 0 mins ago Print Edit Napat Sirihongth							
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### **The Patient Perspective**

I expect what to know and know what to expect from day 0:

#### What is wrong with me?

= Competent assessment

#### What is going to happen today and tomorrow?

= End to end case management plan

#### What needs to be achieved for me to get home?

= Clinical criteria for discharge

#### When is this going to happen?

= Expected date of discharge

### 'No decisions about me, without me'



# **POST MIGRATION**

- Consolidation period
- Mentoring
- Support staff to work in the new environment
- Falls Prevention in the new clinical areas
- Networking
- Getting to know where things are
- Standardise processes i.e. afterhours supports









